

Editorial Note On: AIDS Education

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The journal thus focuses on a vast spectrum of topics that address the clinical and medical aspects of the disease by including studies on the Infectious Diseases, Immune deficiencies, Sexually Transmitted Diseases (STD), Gynecology, Clinical virology, Epidemiology, Molecular biology, and Immunology. Apart from focusing on the research that finds ways and means to fight the disease, the journal pays attention on the social stigma attached with the disease by focusing on studies related to HIV Medicine, HIV Drug therapies, Behavioral sciences, Social sciences & Humanities, AIDS Education & Prevention, mFamily Medicine, Translational Science, etc.

AIDS education includes informing people about HIV transmission, as well as other activities to support behavioral changes related to disease prevention, such as testing to determine HIV antibody status and providing devices, including condoms to reduce sexual transmission, and bleach to reduce transmission through

School-based HIV/AIDS education is a common and well-proven intervention strategy for providing information on HIV/AIDS to young people. However, lack of skills among teachers for imparting sensitive information to students can lead to programme failure in terms of achieving goals. A cross-sectional study was conducted among teachers to identify the factors that support or hinder their role in HIV/AIDS education. A self-administered questionnaire was used for interviewing teachers from randomly-selected schools in two adjacent districts in Bangladesh. Based on exposure to teachers' training, the districts were divided into control and intervention areas and the teachers' ability, skill, and their participation in HIV/AIDS education were compared between the districts. Trained teachers in the intervention schools were more likely to participate, less likely to face difficulties, and more likely to use interactive teaching methods in HIV/AIDS classes compared to the controls who did not receive any training. Inadequate allocation of time for conducting the HIV/AIDS class was found to be barriers to HIV/AIDS education that suggest the need to provide teachers with more support in terms of training and logistics.

Around the world, young people are at the centre of the HIV epidemic; almost half of all HIV-infected people are aged 15–24 years. Southeast Asia and the Pacific region have the second highest prevalence of HIV with an estimated 1.27 million young people (in 2007) living with HIV. Many factors increase the vulnerability of young people to HIV but lack of knowledge has been identified as one of the leading factors. While many channels exist through which information can be provided to

young people (5), interventions through the education sector have been implemented throughout the world to reach a large number of young people easily (6). Results of studies indicate that the school-based HIV/AIDS education programmes can result in significant changes in knowledge and attitudes that affect sexual behaviour of young people, leading to significant increases in the use of condom and reductions in sexual health problems, such as unwanted pregnancy, sexually transmitted infection, and abortion

his study was cross-sectional in design; the teachers' ability, skill, and their participation in HIV/AIDS education were compared between two adjacent districts—Mymensingh and Kishoreganj which were historically in a same bigger district of Dhaka division. The districts were selected purposively based on exposure to the HIV/AIDS training programme. A teachers' training programme had been implemented in Mymensingh which was considered the intervention area but none in Kishoreganj which was treated as the control area. Geographic access was a key consideration in choosing these two districts. Both the districts can be reached from Dhaka within 2-3 hours. Culturally, both the districts are similar. However, Kishoreganj is more rural, and its population is more geographically scattered.

Mother to unborn child. A pregnant woman may pass germs that cause infectious diseases to her unborn baby. Some germs can pass through the placenta or through breast milk. Germs in the vagina can also be transmitted to the baby during birth.

These include some nasal sprays and inhalers, herbal remedies like St John's wort, as well as some recreational drugs. Always check with your HIV clinic staff or your GP before taking any other medicines.